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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/567,848	/567,848 02/10/2006		Dieter Dorsch	Dieter Dorsch		ERCK-3121	5899
ITILE OF INVENTION: PRO	CESS FOR THE PR	ODUCTION OF N-AR	RYLMORPHOLINON	es			
APPLN. TYPE SM	AALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/04/2010
EXAMINER		ART-UNIT	CLASS-SUBCLASS				
ANDERSON, REBI	ECCA L	1626	544-170000				
1. Change of correspondence at CFR 1.363). Change of corresponden Address form PTO/SB/122) "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless as recordation as set forth in 3 (A) NAME OF ASSIGNEE Merck Patent Correlation Please check the appropriate at 4a. The following fee(s) are su	ce address (or Chang) attached. In (or "Fee Address" more recent) attache ESIDENCE DATA In assignee is identif 7 CFR 3.11. Complete: The complete complete is the complete is	ge of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON ied below, no assignee etion of this form is NO	(1) the names of u or agents OR, alter (2) the name of a segistered attorney 2 registered patent listed, no name will THE PATENT (print or data will appear on the Ta substitute for filing (B) RESIDENCE: (CDarmstadt, Comitted on the patent):	r type) re paient. If an assignment. ITY and STATE OF GETMANY	ent attorne s a member unes of up If no name gnee is ide R COUNTE	ys 1	
4a. The following fee(s) are su X Issue Fee Rublication Fee (No sm Advance Order - # of C	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. R Payment by credit card. Via EFS. \$1,810.00 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _13-5402 (enclose an extra copy of this form).						
5. Change in Entity Status (f	ALL ENTITY status	s. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SM	IALL ENT	ITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature /Anthony J. Zelano/ Typed or printed name Anthony J. Zelano				Date		ebruary 12, 2010 27,969	
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This collection of information an application. Confidentiality submitting the completed app this form and/or suggestions it Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1- Under the Paperwork Reduction	is required by 37 Cly is governed by 35 lication form to the for reducing this bur is 22313-1450. DO 450.	FR 1.311. The informat U.S.C. 122 and 37 CFF USPTO. Time will var den, should be sent to t NOT SEND FEES OR					•